PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Application or Docket Number 15 6347. 0008

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
			(Column 1)		(Column 2)		٩	TYPE		OR	SMALL	ENTITY
TOTAL CLAIMS			2					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			A minus 20=		*	0		X\$ 9=	Q	OR	X\$18=	
INDEPENDENT CLAIMS			9 minus 3 = *			2		X42=	0	OR	X84=	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+140=	0	OR	+280=	
* If	the difference	in column 1 is	less than ze	ero, ente	r "0" in c	olumn 2	ı	TOTAL	370	OR	TOTAL	
CLAIMS AS AMENDED - PART II								OTHER THAN				
_		(Column 1)				(Column 3)		SMALL ENTITY			SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST HBER OUSLY FOR	PRESENT EXTRA	•	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 15	Minus	** 7°		-00-		X\$ 9=		OR	X\$18=	
AME	Independent	<u>* ろ</u> NTATION OF MI	Minus	*** /	T C'I AINA			X42=		OR	X84=	
	FIRST PRESE	NIATION OF MI	ULTIPLE DE	PENUEN	ICLAIM			+140=:		OR	+280=	
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT B	·	CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
2	Total	*	Minus	**		•		X\$ 9=		OR	X\$18=	
AME	Independent + Minus +++ FIRST PRESENTATION OF MULTIPLE DEPENDE				- OLAMA	-		X42=		OR	X84=	
<u> </u>	PIRST PRESE	NIATION OF MI	ULTIPLE DE	PENDEN	I CLAIM			+140=	·	OR	+280=	
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C	-	CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	•	Minus	**		<u> </u>		X\$ 9=		OR	X\$18=	
	independent	*	Minus	***	T (** 4 ** *			X42=		OR	X84=	
ŀ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										l	TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEEOR												
		ber Previously Pa					er fou	and in the app	ropriate box	k in co	lumn 1.	